PTO/SB/06 (08-03)
Aproved for use through 7/31/2008, OMB 0651-0032
Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unders it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docked Number.													
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875													
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMA								ENTITY	OTHER THAN OR SMALL ENTITY				
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FI	₹	
(37 C	C FEE FR 1.16(1))								OR		\$		
	U CLUMS FR 1.16(c)		minus 20		•		x 5•		OR	x 8°			
	PENDENT CLAIL FR 1.16(b))	S	minus 3 =				x 3 e		OR	x s=			
<u> </u>		NT CLAIM PRESEN	T (3	7 CFR 1.16(d))	1.16(d))		+5		OR	+5=			
"If the difference is column 1 is less than zero, eater "O" in column 2.							TOTAL		OR	TOTAL			
LAIMS AS AMENDED - PART II CC													
Q	1211	O(Comm 1)	2mn 1)		(Column 2) (Column 3)		SMALL ENTITY		OR			R THAN ENTITY	
٧	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL PEE		RATE	AE TIO FI		
AMENDMENT	Total (37 GFR 1.18(43)	16	Minus	20	=		X 8		J.R	x \$=			
	Independent (37 CFR L1804)	1	Minus	- -	•		X 5		OR	x s=			
AM	FIRST PRESENT	ATION OF MULTIPLE	E 0676)(0)	ENT CLAIM (STOF	R 1,18(0)	ŀ	+5		OR	+s=			
						•	TOTAL ADD'L FEE		OR	TOTAL ADDIL FEE			
G	1 2 1/2	(Column 1)		(Column 2)	(Column 3)								
NT B	96/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	OH- NAL EE	
AMENDMENT	Total G7 GFR L10(4))	16	Minus	- 20	. Q		x = 25 -	7	OR	× = 50 -			
N	Independent (37 CFR 1.18(4))	•	Minus	- 3	·70	1	x s/(1) -	7	OR	x =200 =		/	
¥		ATION OF MULTIPU	E 0878101	ENT CLAIM (57 CF	R 1.16(d))	1	RD		OR	+360.	\Box		
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							TOTAL ADD'L FEE	7_	OR	TOTAL ADD'L FEE	Z		
2/32/07 (Column 1) (Column 2) (Column 3)													
S	10-1-1	CLAIMS REMAINING AFTER AMENDMENT		MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	XCH- NAL EE	
ME	Total cor core t. re(c)	16	Minus	- 20		1	x 8		OR	× = 50 =			
ENDMENT	Independent G7 CFR 1.1003)	. /	Minus	-3	• ~	1	x s=		OR	x : 200.			
AME		ATION OF MARTER	E DEPEND	BIT CLAIM (DTC	FR 1.16(d))	1	••		OR	+:360.			
							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE		7	
• If the eaty in column 1 is less than the entry in column 2, write "O' in column 3.													
-	"I the "Highest	Number Previously	Paid For	IN THIS SPACE	is less than 3, o	ente	H-3.	the engrount	te box in c	olumn 1.			

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, useful agreement of the papering, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the ensuml of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the ensuml of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the ensuml of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the ensuml of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the ensuml of time you require to complete the complete application for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the ensuml of time you require to complete application for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the ensuml of time you require to complete the complete application for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the ensured that the ensured the ensured to the chief Information Officer, U.S. Patient on the ensured the ensured to the chief Information Officer, U.S. Patient on the

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.